

BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

POLY-HETEROCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR ANTAGONISTS

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate
Information -

The specification was filed on _____ as United States Application Number _____
and amended on _____ (if applicable) and/or

For Use Without
Specification
Attached:

the specification was filed on 02/17/2005 as PCT International Application Number PCT/US2005/005216,
and was amended on 08/08/2005 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

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Insert Priority
Information
(if appropriate)

(Number)	(Country)	(Month/Day/Year Filed)	Priority Claimed	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Insert Provisional
Application(s):
(if any)

(Application Number)	(Filing Date)
<u>60/545,292</u>	<u>February 18, 2004</u>
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All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

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Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)
 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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Full Name of First
 or Sole Inventor:
 Invent Name of
 Inventor
 Insert Date This
 Document is Signed

Insert Residence

Insert Post Office
 Address

Full Name of Second
 Inventor, if any:
 see above

Full Name of Third
 Inventor, if any:
 see above

Full Name of Fourth
 Inventor, if any:
 see above

Full Name of Fifth
 Inventor, if any:
 see above

Full Name of Sixth
 Inventor, if any:
 see above

GIVEN NAME/FAMILY NAME Jalaj ARORA	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Cambridge, Canada		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		
GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE*
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GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE	DATE*
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GIVEN NAME/FAMILY NAME Annika KERS	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN		
GIVEN NAME/FAMILY NAME Karin STAAP	INVENTOR'S SIGNATURE	DATE*
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GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Toronto, Canada		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		

*DATE OF SIGNATURE

Full Name of Seventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Tomislav STEFANAC	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		

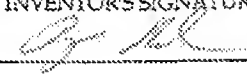
Full Name of Eighth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME David WENSSBO	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Södertälje, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN		

Full Name of Ninth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Tao XIN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Woodbridge, Canada	CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA		

Full Name of Tenth
Inventor, if any:
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GIVEN NAME/FAMILY NAME Björn HOLM	INVENTOR'S SIGNATURE 	DATE* 2006-07-20
Residence (City, State & Country) Mölnådal, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) AstraZeneca R & D Mölnådal; S-431 83 Mölnådal; SWEDEN		

Full Name of Eleventh
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Residence (City, State & Country)	CITIZENSHIP	
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Inventor, if any:
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Full Name of Thirteenth
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or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence

Insert Post Office
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Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
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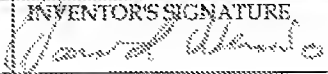
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GIVEN NAME/FAMILY NAME Annika KERS	INVENTOR'S SIGNATURE <i>Annika Kers</i>	DATE* 060929
Residence (City, State & Country) Södertälje, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) AstraZeneca R&D Södertälje, SE-151 85 Södertälje, Sweden		
GIVEN NAME/FAMILY NAME Karin STAAP	INVENTOR'S SIGNATURE <i>Karin Staap</i>	DATE* 060909
Residence (City, State & Country) Södertälje, Sweden	CITIZENSHIP Sweden	
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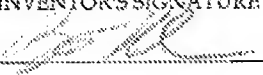
Full Name of Eighth
Inventor, if any:
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GIVEN NAME/FAMILY NAME David WENSBO	INVENTOR'S SIGNATURE 	DATE* Aug 29 2006
Residence (City, State & Country) Södertälje, Sweden	CITIZENSHIP Sweden	
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MAILING ADDRESS (Complete Street Address including City, State & Country) AstraZeneca R & D Mölndal; SE-431 83 Mölndal; SWEDEN		

Full Name of Eleventh
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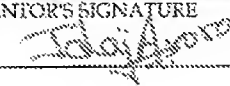
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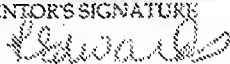
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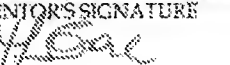
Full Name of First
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Insert Name of
Inventor
Insert Date This
Document is Signed

GIVEN NAME/FAMILY NAME Jalaj ARORA	INVENTOR'S SIGNATURE 	DATE* Sep 07/06
Residence (City, State & Country) Cambridge, Canada	CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor, Toronto, Ontario M5G 1L8; CANADA		

Full Name of Second
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE 	DATE* Sep 7/06
Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor, Toronto, Ontario M5G 1L8; CANADA		

Full Name of Third
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE 	DATE* Sep 7/06
Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor, Toronto, Ontario M5G 1L8; CANADA		

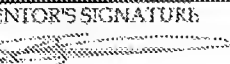
Full Name of Fourth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Annika KERS	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Södertälje, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN		

Full Name of Fifth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Karin STAAF	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Södertälje, Sweden	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN		

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE 	DATE* 09/07/06
Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor, Toronto, Ontario M5G 1L8; CANADA		

*DATE OF SIGNATURE

Full Name of Seventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Tomislav STEFANAC		Sept. 11, 2006
	Residence (City, State & Country)	CITIZENSHIP	
	Toronto, Canada	Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
c/o NPS Allelix Corp.; 101 College Street, 8th Floor, Toronto, Ontario M5G 1L8; CANADA			
Full Name of Eighth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	David WENSEBO		
	Residence (City, State & Country)	CITIZENSHIP	
	Södertälje, Sweden	Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN			
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Tao XIN		Sept. 7, 2006
	Residence (City, State & Country)	CITIZENSHIP	
	Woodbridge, Canada	Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
c/o NPS Allelix Corp.; 101 College Street, 8th Floor, Toronto, Ontario M5G 1L8; CANADA			
Full Name of Tenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Björn HOLM		
	Residence (City, State & Country)	CITIZENSHIP	
	Mölnådal, Sweden	Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
AstraZeneca R & D Mölnådal; S-431 83 Mölnådal; SWEDEN			
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Full Name of Thirteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			

*DATE OF SIGNATURE